

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF

In re:

GARCIA, BRANDY M

Debtor

In Proceedings Under:

Bankruptcy Chapter 13

2:20-BK-03469-SHG

ARIZONA DEPARTMENT OF REVENUE'S  
WITHDRAWAL OF PROOF OF CLAIM

The Arizona Department of Revenue hereby withdraws its Proof of Claim, dated 04/01/2020, in the amount of

\$7,052.00

A copy of the claim is attached hereto.

Dated this 08/24/2020

*Cleo Armijo*

ARIZONA DEPARTMENT OF REVENUE

Bankruptcy and Litigation Section  
1600 West Monroe Street  
Phoenix, AZ 85007

**Fill in this information to identify the case:**Debtor 1 GARCIA, BRANDY MDebtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: District of Arizona (Phoenix)

Case number 2:20-BK-03469-SHG**Official Form 410****Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>ARIZONA DEPARTMENT OF REVENUE</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  Office of the Arizona Attorney General % Tax, Bankruptcy and Collection Sct Name <u>2005 N Central Ave, Suite 100</u> Number Street <u>Phoenix</u> <u>AZ</u> <u>85004</u> City State ZIP Code  Contact phone <u>602-542-8811</u> Contact email <u>BankruptcyUnit@azag.gov</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Office of the Arizona Attorney General % Tax, Bankruptcy and Collection Sct Name <u>2005 N Central Ave, Suite 100</u> Number Street <u>Phoenix</u> <u>AZ</u> <u>85004</u> City State ZIP Code  Contact phone <u>602-542-8811</u> Contact email <u>BankruptcyUnit@azag.gov</u>
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0</u> <u>4</u> <u>3</u> <u>1</u>
7. How much is the claim?	\$ <u>7,052.00</u> . Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  <u>Taxes</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 7,052.00

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/01/2020  
MM / DD / YYYY

/s/ William Ulrich

Signature

Print the name of the person who is completing and signing this claim:

Name William Ulrich  
First name Middle name Last name

Title Bankruptcy Collector

Company Arizona Department of Revenue  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1600 W. Monroe 7th Floor  
Number Street

Phoenix AZ 85007  
City State ZIP Code

Contact phone 602-716-5117 Email wulrich@azdor.gov



STATE OF ARIZONA - PROOF OF CLAIM FOR ARIZONA DEPARTMENT OF REVENUE

United States Bankruptcy Court for the District of Phoenix  
**ORIGINAL**

In the Matter of: **GARCIA, BRANDY M**

Case Number 2:20-BK-03469-SHG  
Chapter: Bankruptcy Chapter 13  
Taxpayer ID: XXX-XX-0431  
Tax Type: IND  
Petition Date: 03/31/2020

Total Priority:	\$7,052.00
<b>Amount Due as of this Statement:</b>	<b>\$7,052.00</b>

- The undersigned is the agent of the Arizona Department of Revenue and is authorized to make this proof of claim on its behalf.
- The Debtor was at the time of the filing of the petition initiating this case, and still is, indebted to the State of Arizona.
- The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.
- The grounds for the liability are for taxes due under the Arizona Revised Statutes.
  - Secured Lien(s) in the event there is insufficient property for the lien to attach, all claims so entitled will be treated as priority under 11 USC Section 507(a)(8).

b. Unsecured Priority under Section 507(a)(8) of the Bankruptcy Code

Tax Type	Memo	Period	Tax	Penalty	Interest	Total
IND	Est. due to non-filing	12/31/2010	\$1,763.00	\$0.00	\$0.00	\$1,763.00
IND	Est. due to non-filing	12/31/2011	\$1,763.00	\$0.00	\$0.00	\$1,763.00
IND	Est. due to non-filing	12/31/2012	\$1,763.00	\$0.00	\$0.00	\$1,763.00
IND	Est. due to non-filing	12/31/2013	\$1,763.00	\$0.00	\$0.00	\$1,763.00
<b>Total Section Priority:</b>						<b>\$7,052.00</b>

c. Amounts claimed as Priority under Section 1305

d. Unsecured General Claims

**Amount Due as of this Statement: \$7,052.00**

- No note or other negotiable instrument has been received for the account or any part of it, except
- No judgement has been rendered on this claim, except...
- The Department may have a right to setoff. The Department does not waive such right.
- Make checks payable to the "ARIZONA DEPARTMENT OF REVENUE".
- All tax returns shall be filed directly with the Arizona Department of Revenue, Bankruptcy Section.

ARIZONA DEPARTMENT OF REVENUE

Signed: \_\_\_\_\_

Dated: 04/01/2020

William Ulrich

Office of the Arizona Attorney General  
All notices, correspondence, pleadings and payments will be sent to the following address:  
c/o: Tax, Bankruptcy and Collection Section  
2005 N Central Ave. Suite 100  
Phoenix, AZ 85004  
Phone: 602-542-1719

**ORIGINAL and ONE COPY FILED ON:**

**04/01/2020**

GARCIA, BRANDY  
Debtor(s)